



U.S. Department of Justice
Office of Community Oriented Policing Services

633 Indiana Avenue, NW, 3rd Floor (202) 514-2058
Washington, DC 20531 FAX (202) 514-9272

COPS FAST Application

This FAST Application is for jurisdictions serving populations of under 50,000. This grant pays only for salaries and benefits of new or rehired police officers. Complete the information below, read the assurances on the back and the enclosed Certifications, and sign below. By signing this application you also acknowledge that COPS FAST hiring grants provide a maximum federal contribution of 75% of the salary and benefits of each officer over three years, up to a cap of \$75,000 per officer, with the federal share decreasing from year to year.

Applicant Organization's Legal Name CITY OF ELGIN

Law Enforcement Executive's Name CHIEF DAYTON R. SIBLEY
Address PO BOX 128
City ELGIN State OR Zip Code 97827-0128
Telephone (503) 437-9771 FAX (503) 437-2253

Government Executive's Name RANDY MCKONE
Address PO BOX 128
City ELGIN State OR Zip Code 97827-0128
Telephone (503) 437-2235 FAX (503) 437-2253

Number of Officers Requested Through FAST

1

Actual Number of Sworn Officers Performing Law Enforcement Functions as of 10/1/94

2

Area of Jurisdiction (square miles)

1.2

Entry Level Annual Salary Per Officer

18,350

Number of 1993 UCR Part I Crimes

36

Entry Level Annual Fringe Benefits Cost Per Officer

8,600

Current Population Served (per most recent U.S. census data)

1586

Is the applicant organization delinquent on any federal debt? (If answer is yes, please attach an explanation.)

Yes ☐ No ☒

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that the applicant must comply with the assurances on the reverse side if the assistance is awarded. On behalf of the applicant, I certify compliance with the applicable requirements of the Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; and Non-Supplanting.

Law Enforcement Executive's Signature Dayton R. Sibley

Government Executive's Signature Randy McKone

Return this form postmarked by December 31, 1994 to: COPS Office, P.O. Box 14440, Washington, DC 20044. Overnight mail: 633 Indiana Avenue, NW, Third Floor, Washington, DC 20531. FAX: (202) 514-9272.

Public reporting burden for this collection of information is estimated at 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to the Office of Community Oriented Policing Services, U.S. Department of Justice, 633 Indiana Ave., NW, Third Floor, Washington, DC 20531; and to the Public Use Reports Project, 1105-0061, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

COPS 001/01

Attention: Chief Sibley Fax #: 503 437 2253

ELG10

IMPORTANT COPS OFFICE NOTIFICATION: The Office of Community Oriented Policing Services, U.S. Department of Justice has received your COPS FAST Application. However, the following items are needed by 5:00 p.m. on January 9, 1995 to complete your application

____ The name and/or signature of your Government Executive. This should be the official with overall responsibility for the budget of your agency. Please fax another copy of your application bearing this name and signature and title with the assurances attached.

____ The number of 1993 UCR Part One crimes in your jurisdiction. This is the total number of crimes in the following categories: homicide, rape, arson, aggravated assault, theft of motor vehicle, robbery, burglary, larceny. Please fax another copy of your application with this information to the COPS Service Representative listed below.

____ There may be a discrepancy in the number listed for entry level fringe benefits. For purposes of this application allowable fringe benefit costs are health insurance, FICA, social security, vacation, sick leave, retirement, and workers' compensation. Do not include equipment, vehicle, uniform or overtime. Please fax any related information to the COPS Service Representative listed below.

COPS FAST - SUPPLEMENTAL INFORMATION AS REQUESTED

Attn: Kristen Layman
Fax 202 514-9272

From: City of Elgin, Or
Fax 503 437-2253

Re: Fringe Benefits

Annual wage \$8.8/hr x 2085 hrs = \$ 18,350

FICA/Medicare @ .1530	\$ 2,808
Medical Insurance @ 426/mo	5,112
Retirement @ .06	1,101
Work Comp @ .049	899
Unemployment @ .05	<u>917</u>
	\$10,837 fringe benefits.

Vacation and Sick leave included in annual base wage.

Joe Garlitz
Recorder/Administrator

RECEIVED

NOTE

202 514 9407

1

OK

1/6/28

2220 PM

OK